

**EMPLOYEE/EMPLOYER CERTIFICATION
CONTINUED COVERAGE
PRIVATE PENSION FUND**

Wis. Adm. Code ETF 60.32

Last	First	Middle	Maiden/Former
Street			
City	State		Zip

Social Security Number
Date Employment Began With This Employer (MM/DD/CCYY)
Birthdate (MM/DD/CCYY)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

I. EMPLOYEE INFORMATION

I elect:

To continue the group life insurance issued to me pursuant to chapter 40, Subchapter VI, Wisconsin Statutes.

I wish to continue my group life insurance coverage. I understand that if I fail to pay premiums in the future, my insurance coverage will lapse on the last day for which premiums were paid and will not be reinstated unless premiums are paid within 30 days.

I prefer to be billed (check one): ☐ Annually ☐ Semiannually

If you do not wish to continue all of your current coverage listed below then please complete an Application Cancellation/Refusal form (ET-2304) indicating which coverage you wish to cancel.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct. (This applies to employee and employer agent.)

	Date (MM/DD/CCYY)	Employee Signature	Telephone No. (8 am to 4 pm)

II. EMPLOYER CERTIFICATION OF GROUP LIFE INSURANCE

Employer Agent Signature		Date Received From Employee (MM/DD/CCYY)
Prepared By	Telephone No./Area Code	ETF Employer Number 69-036-
Employer Name		Local Employer Billing Unit No.

The employee listed above is retiring after 20 years of service with this employer.

Periods of Employment _____ to _____
 _____ to _____
 _____ to _____

Date of Termination of Employment _____

Current Group Life Insurance Coverage Amount: Basic _____

Supplemental _____

Additional 1, 2 + 3 _____

Last Coverage Month For Which Premiums Were Paid: _____

**Wisconsin Public Employers' Group Life Insurance Program
Employee/Employer Certification
Continued Coverage
Private Pension Fund
Wis. Adm. Code ETF 60.32**

Employer: This application is intended for insured employees who are terminating Private Pension employment, who may qualify to continue life insurance coverage. **Complete Section II. Make a copy for your records and give the application to the employee.**

Employee: If you are under age 65, your group life insurance coverage will cease at the end of the month following the month your employment terminates, or 30 days after the expiration of an approved leave of absence. You may continue your group term life insurance coverage if you meet the eligibility criteria and complete this application form. **If you do not apply, your coverage may lapse and cannot be reinstated.**

➤ **What is continuation coverage?**

Continuation is an inexpensive way to maintain full group term coverage until age 65, and a reduced amount of Basic coverage after age 65. Basic coverage is required in order to continue Supplemental or Additional coverage and you may continue only the coverage that is in effect when you terminate employment. Spouse and Dependent coverage cannot be continued.

➤ **Who is eligible to apply for continuation coverage?**

Complete the "Employee" section of the form. You must have 20 years of service with your prior employer in order to continue coverage.

➤ **How much does it cost?**

When you continue group coverage, you pay premiums at the group rate that is in effect for your age and coverage amount. Premiums are due until age 65.

➤ **How do I apply?**

If you have 20 years of service with your employer:

- A. Your employer must complete the "Employer" section (section II) of the form.
- B. Complete the "Employee" section (section I) of the application and sign it.
- C. Send the application to Minnesota Life Insurance at the address below:

Minnesota Life Insurance
PO Box 259708
Madison, WI 53725-9708

Minnesota Life must receive your application for continuation coverage no later than 31 days after your group life insurance coverage ends.

➤ **What if I'm not eligible for continuation coverage?**

If you do not meet the eligibility requirements for continuation coverage, you may be eligible for Conversion coverage. **Conversion** to an individual whole life policy is more expensive than group term coverage; however, the policy builds cash value and the coverage amount will not decrease in the future. You can convert all or a portion of your coverage. Your spouse/domestic partner and/or dependents who are insured under the Spouse and Dependent plan can also convert coverage.

To be eligible for conversion, you must have been covered by the group plan for at least six continuous full months at the time group coverage ends. To convert your group term coverage to a whole life policy, you must apply and pay the first premium no later than 31 days after your group coverage ends. Call Minnesota Life at (608) 295-8690 to request *Conversion Information for State of Wisconsin and Public Employers' Group Life Insurance (ET-2306)*